



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/643,632	
	Filing Date	18 August 2003	
	First Named Inventor	RONALD T. LABORDE	
	Art Unit	UNKNOWN	
	Examiner Name	UNKNOWN	
Total Number of Pages in This Submission		Attorney Docket Number	1730-033CPA2

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): 1. Return Postcard		
<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	THE MAXHAM FIRM Lawrence A. Maxham, Reg. No. 24,483
Signature	
Date	13 November 2003

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 13 November 2003			
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"PATENT"

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
)
RONALD T. LaBORDE)
)
SERIAL NO.: 10/643,632) Group No: UNKNOWN
)
FILED: 18 August 2003) Examiner: UNKNOWN
)
FOR: IMMUNOCHROMATOGRAPHIC)
ASSAY METHOD AND APPARATUS)

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

INFORMATION DISCLOSURE STATEMENT

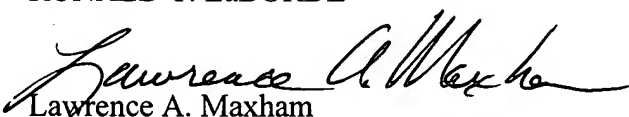
Applicant hereby cites the document listed in accompanying Form PTO/SB/08A with respect to the above-referenced patent application under the provisions of 37 CFR, Sections 1.56, 1.97 and 1.98. A copy of the document is attached.

The filing of this Information Disclosure Statement will not be construed to mean that a search was conducted or that no other material information, as defined by 37 CFR 1.56, exists.

The Examiner is respectfully requested to make the listed document of record in connection with the prosecution of the subjection application.

Respectfully submitted,

RONALD T. LaBORDE

By: 
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		Application Number	10/643,632		
		Filing Date	18 August 2003		
		First Named Inventor	RONALD T. LaBORDE		
		Group Art Unit	UNKNOWN		
		Examiner Name	UNKNOWN		
Sheet		of		Attorney Docket Number	1730-033CPA2

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		GRUETZMACHER et al., Clin.Chem 1983, Vol29, No. 6, P1252 (Abstract of meeting papers: 35th National Meeting of the American Association for Clinical Chemistry. July 24-29, 1983, New York, New York)	

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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